FORM D

Whitehall Street International Real Estate Limited Partnership 2008

Name of Offering

SECURITIES AND EXCHANGE COMMISSION SEC Mail Process informs per response

Section

OMB Number 3235-0076 August 31, 2008 Estimated average burden

Limited Partnership Interests

OMB APPROVAL

FORM D

(check if this is an amendment and name has changed, and indicate change.)

NOTICE OF SALE OF SECURITIES 14 2008 PURSUANT TO REGULATION D SECTION 4(6), AND/OR Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix		Serial		
DA	TE RECEIV	/ED		

Filing Under (Check box(es) that apply): ☐ Rule 504 Type of Filing: ☐ New Filing ☒ Amendment	☐ Rule 505 🖾 Rule 506 ☐ Section 4(6) ☐ ULOE	5 TO THE RESIDENCE OF THE STATE
	A. BASIC IDENTIFICATION DATA	1460
1. Enter the information requested about the issuer		TO THE FOREIGN RESTRICTION AND AND AND AND AND AND AND AND AND AN
Name of Issuer (check if this is an amendment and name whitehall Street International Real Estate Limited Page 1		08058158
Address of Executive Offices (Number and Street, City, S 85 Broad Street, New York, New York 10004	state, Zip Code)	Telephone Number (Including Area Code) 212-902-1000
Address of Principal Business Operations (Number and Stame as above	treet, City, State, Zip Code) (if different from Executive Offices	Telephone Number (Including Area Code) Same as above
Brief Description of Business The Issuer will invest in direct or indirect debt, equity	y, or other interests in real estate and real estate related a	assets or businesses on an opportunistic basis.
Type of Business Organization corporation business trust	 ☑ limited partnership, already formed ☐ limited partnership, to be formed 	other (please specify):
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: Enter t CN for	wo-letter U.S. Postal Service abbreviation for State: r Canada; FN for other foreign jurisdiction)	☐ Estimated
1. GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of sec	AUG 2 6 2008 Curities in reliance on an exemption under Regulation ETHOMSON REUTERS	or Section 4(6), 17 CFR 230.501 et seq. or 15
When to File: A notice must be filed no later than I and Exchange Commission (SEC) on the earlier of the	5 days after the first sale of securities in the offering. A he date it is received by the SEC at the address given be	notice is deemed filed with the U.S. Securities

on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

. Enter the information requ	uested for the following	g;			
•		been organized within the pa			
 Each beneficial owne 	r having the power to v	ote or dispose, or direct the v	ote or disposition of, 10%	or more of a class of	equity securities of the issuer;
 Each executive office 	r and director of corpor	rate issuers and of corporate g	eneral and managing parti	ners of partnership iss	uers; and
 Each general and mar 	naging partner of partne	ership issuers.			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc Goldman, Sachs & Co.	dividual)			···-	
Business or Residence Address (85 Broad Street, New Y	•	State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc WH International Advis)
Business or Residence Address 85 Broad Street, New Y		State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Parnter
Full Name (Last name first, if in Rothenberg, Stuart M.	dividual)				
Business or Residence Address 85 Broad Street, New Y		State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Cramer, Brahm S.	dividual)				
Business or Residence Address 85 Broad Street, New Y		State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in Kava, Alan S.	dividual)		,		
Business or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)	*		•
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if in Langer, Jonathan A.	ndividual)				
Business or Residence Address 85 Broad Street, New Y		State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if in Scesney, Josephine	ndividual)				
Business or Residence Address 85 Broad Street, New		State, Zip Code)			
(use blank sheet, or copy and us	se additional copies of this	sheet, as necessary.)			

A. BASIC IDENTIFICATION DATA

		A. BASIC IDENTIFI	CATION DATA		
Enter the information re-	quested for the followin	g:			
•	•	been organized within the pa			
					equity securities of the issuer;
	•	rate issuers and of corporate g	eneral and managing parts	ners of partnership iss	uers; and
Each general and ma	anaging partner of partner	ership issuers.			
eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
ll Name (Last name first, if in Weidman, Peter	ndividual)				
siness or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)			
eck Box(es) that Apply:	Promoter	□ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Il Name (Last name first, if in The Goldman Sachs G					
siness or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)			
neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Ill Name (Last name first, if i Cacioppo, Anthony	ndividual)	-			
usiness or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	, State, Zip Code)			
heck Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
ıll Name (Last name first, if i Whitehall Street Intern		ration c/ Maples Corporate Service	ces Limited	-	
usiness or Residence Address PO Box 309, Ugland	(Number and Street, City House, Grand Cayman, KY				
heck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
ull Name (Last name first, if	individual)				
usiness or Residence Address	s (Number and Street, City	, State, Zip Code)			
heck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if	individual)				
usiness or Residence Address	s (Number and Street, City	, State, Zip Code)			
heck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
ull Name (Last name first, if	individual)	· · · · · · ·			
usiness or Residence Address	s (Number and Street, City	, State, Zip Code)			
ise blank sheet, or copy and u	use additional copies of this	sheet, as necessary.)			

					В	. INFORM	1ATION	ABOUT O	FFERING	· · · · · · · · · · · · · · · · · · ·					
	Has the issu		door the	scuar int-	ed to call	0.000.000	adited inve	etore in thi	s offering?					Yes □	No ⊠
	Answer also	in Appen	idix, Colui	nn 2, if fili	ng under I	JLOE.								ш	
2.	What is the	minimum	investmer	it that will	be accepte	d from any	/ individua	1?				••••		\$ <u>250,0</u>	000
					•									Yes	No
	Does the of													\boxtimes	
4.	Enter the in remuneration person or age than five (5 dealer only.	on for solic gent of a b persons t	citation of	purchasers	in connec ered with	tion with si the SEC an	ales of sect	urilies in in A state or st	e offering.	n a person e name of t	he broker o	or dealer. If	more		
Fu	II Name (Last 1	name first, i	if individua	1)											
Go	oldman, Sachs	& Co.													
	siness or Resid 5 Broad Stree					e, Zip Code)									
Na	me of Associa	ted Broker	or Dealer												
Sta	ates in Which I										·				
	(Check	'All States'												🔯 Al	l States
	(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	(DC)	(FL)	[GA] [MN]	(HI) [MS]	(ID) [MO]		
	[IL]	[IN]	[IA]	[KS]	[KY] [NJ]	[LA] [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	(OK)	[MS] [OR]	[PA]		
	(MT) [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[TX]	(UT)	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	[PR]		
Fı	ill Name (Last	<u>``</u>	if individua	1)						-					
В	usiness or Resi	dence Addr	ess (Numb	er and Stree	t, City, Stat	e, Zip Code)						-			
N	ame of Associa	ted Broker	or Dealer							<u> </u>					
Sı	ates in Which	Person List	ed Has Soli	cited or Inte	nds to Solic	it Purchaser:	5								
	(Check	"All States"	" or check is	ndividual St	ates)									🗖 Al	II States
	[AL]	[AK]	[A Z]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[Mi]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM] [UT]	[NY] [VT]	(NC) [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	(PA) [PR]		
F	[RI] ull Name (Last	[SC] name first,	(SD) if individua	[TN] al)	[TX]	[01]	[vij	[[7]	[117]	[17.7]	[**1]	["1]	[144]	 -	
													<u> </u>		
В	usiness or Resi	dence Addi	ress (Numb	er and Stree	t, City, Stat	e, Zip Code)	•								
N	ame of Associ	ated Broker	or Dealer												·
S	tates in Which	Person List	ed Has Soli	cited or Inte	nds to Solid	it Purchaser	s		_						
	(Check	"All States	" or check i	ndividual St	ates)		••••••				•••••			🗆 A	II States
	[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]		
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	(IN)	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)		
	(RI)	(SC)	{SD}	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]		

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		 .
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Specify Limited Partnership Interests)		\$1,838,786,154*
	Total		\$1,838,787,154*
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	+ <u>-133-571-1-1-1</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ <u>1,838,786,154*</u>
	Non-accredited investors		\$ <u>0</u>
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Dollar
	Type of offering	Type of Security	Amount Sold
	Rule 505	,,	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer and Agent's Fees		\$
	Printing and Engraving Costs		\$ <u>20,157.75</u>
	Legal Fees		\$ <u>2,200,000**</u>
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)	_	\$0
	Other Expenses (identify)	$\bar{\Box}$	\$0
	Only Expenses (Identity)		-
		5 7	e a ann 157 75**
	Total	\boxtimes	<u>\$ 2,220,157.75**</u>
			•

^{*} The amount indicated includes sales of \$1,009,948,000 made to 8 foreign investors.

^{**} The amount indicated for Legal Fees is an estimated amount.

	C. OFFERING PR	ICE, NUMBER O	F INVESTORS	, EXPENSES AND U	USE O	F PROCEEDS		
	b. Enter the difference between t	ne aggregate offerir	ng price given in	response to Part C - Q	Questio	n		
	and total expenses furnished in resp gross proceeds to the issuer."	onse to Part C - Qu	estion 4.a. This	difference is the "adju	sted			\$1,836,565,996.25
5.	Indicate below the amount of the ac proposed to be used for each of the not known, furnish an estimate and of the payments listed must equal the response to Part C - Question 4.b al	ie adiusted gross pr	eds to the issuer of the amount for the left of the estimated to the issuer occeeds the issuer occeeds to the issuer occeeds the issuer occeeds to the issuer occeeds to the issuer occeeds the issuer occedurate occeeds the issuer occeeds the issuer occedes the issuer o	ised or iny purpose is nate. The total uer set forth in			•	φ1,630,303,770.23
	•					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	***************************************				\$0		\$0
	Purchase of real estate					\$ 0		\$ <u>0</u>
	Purchase, rental or leasing and installation of ma	chinery and equipmer	nt			\$ <u> </u>		\$ <u> </u>
	Construction or leasing of plant buildings and fa					\$		\$ <u> </u>
	Acquisition of other businesses (including the va					• •	_	• •
	exchange for the assets or securities of another is	-	-			\$0		\$0
	Repayment of indebtedness					\$0	님	\$ <u> </u>
	Working capital					\$ <u>0</u>	ш	\$
	Other (specify): <u>Investments in debt, equity, or consistences on an opportunistic basis</u>	tner interests in real e	state and real estat	e related assets or				
						\$ 0	\boxtimes	\$1,836,565,996.25
	Column Totals					\$		\$0
	Total Payments Listed (column totals added)	•••••				\boxtimes	\$1.836	,565,996.25
		D. F.	EDERAL SIØN	I A TELIDIE		<u> </u>	 	<u></u>
const	suer has duly caused this notice to be signed tutes an undertaking by the issuer to furnish issuer to any non-accredited investor pursua	by the undersigned to the U.S. Securiti	duly authorized es and Exchange	person. If this notice	is filed ritten r	l under Rule 505, request of its staff,	the foll	owing signature formation furnished
	(Print or Type)	Signature			Date			
	hall Street International Real Estate Limited ership 2008				Augus	st /3, 2008		
Nam	of Signer (Print or Type)	Title of Signer	(Print or Type)			· -	•	
Anth	ony Cacioppo	Vice Presiden	of WH Internation	onal Advisors, L.L.C.	2008, 1	the General Partne	r of the	e Issuer
			ATTENTIO	N				
	FA		ATTENTIO		iors '	Con 10 H C C +4	01 \	
	Intentional misstatement	s or omissions of fa	act constitute fe	gerai criminai violat	ions. (See 18 U.S.C. 10	AT*)	

		E. STATE SIGNATUR	E.					
				Yes	No			
1.		Is any party described in 17 CFR 230,262 presently subject to any of the disqualification provisions of such rule? Not Applicable						
		See Appendix, Column 5, for	state response.					
2.	The undersigned issuer hereby undertakes t 239.500) at such times as required by state		my state in which this notice is filed,	a notice on For	m D (17 CFR			
3.	The undersigned issuer hereby undertakes t	o furnish to the state administrators, up	on written request, information furnis	shed by the issu	er to offerees			
4.	The undersigned issuer represents that the in Exemption (ULOE) of the state in which the of establishing that these conditions have be	is notice is filed and understands that the	at must be satisfied to be entitled to the issuer claiming the availability of t	e Uniform limit his exemption h	ted Offering has the burde			
	suer has read this notification and knows the cized person.	ontents to be true and has duly caused t	this notice to be signed on its behalf t	y the undersign	ed duly			
Issuer	(Print or Type)	Signature	Date	-				
	hall Street International Real Estate Limited rship 2008		August/3, 2008					
Name	of Signer (Print or Type)	Title of Signer (Print or Type)						
Antho	ny Cacioppo	Vice President of WH International A	Advisors, L.L.C. 2008, the General Pa	artner of the Issu	зег			

n.
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be
manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

 \mathcal{END}